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Case No.
Date
Due Date <small>(day before appt.)</small>
Lab Use - Account #

Dr. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ Zip \_\_\_\_\_

Patient Last Name \_\_\_\_\_

Patient First Name \_\_\_\_\_

**R<sub>x</sub>**

- Zirconia Full Contour Crown
- Porcelain Fused to Zirconia Coping
- Solid Zirconia Occlusal / Lingual
- Veneers     Implant
- E.max       Other \_\_\_\_\_

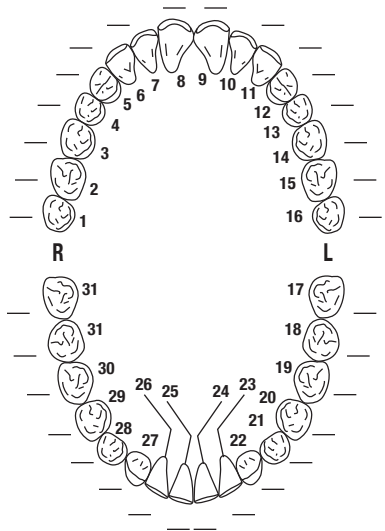
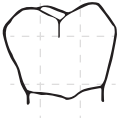
- CONTACTS:      OCCLUSION:
- Light             None/Light
  - Medium         Medium
  - Heavy           Heavy

PONTICS:



Indicate tooth shade beside tooth #

Specific Instructions & Shade



*Person signing this authorization accepts responsibility for payment and agrees to pay all legal costs, including reasonable fees.*

Personal Signature of Dentist \_\_\_\_\_

Dentist's License No. \_\_\_\_\_

*Terms: Net 30 Days. 2% Service Charge Over 30 Days.*